

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: **12/17/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	5/31/2006
IMR Application Received:	8/22/2013
MAXIMUS Case Number:	CM13-0014699

- 1) MAXIMUS Federal Services, Inc. has determined the request for **vascular surgery consultation** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **arterial doppler study** is **medically necessary and appropriate**.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/22/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **vascular surgery consultation** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **arterial doppler study** is medically necessary and appropriate.

### Medical Qualifications of the Expert Reviewer:

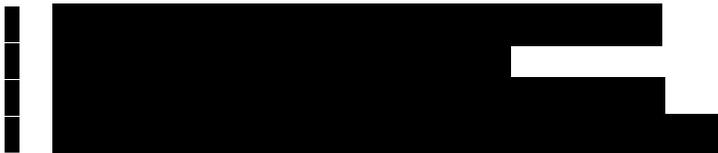
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

### Expert Reviewer Case Summary:

The patient is a 59-year-old female who reported an injury on 05/31/2006 when she fell at work. The patient has complaints of low back pain radiating into the left lower extremity as well as bilateral knee pain. Documents indicate that the patient has been treated with medications, therapy, injections, and diagnostic workup. The patient has been proposed for knee arthroplasty surgery. However, the patient was recommended for vascular surgeon consultation and arterial Doppler study as preoperative workup given her unattainable pulse in the right foot. The patient is noted to have right knee radiographic evidence of advanced osteoarthritis with bone on bone articulation medially. The patient has also apparently been recommended for knee arthroplasty by AME physician and second opinion physician. The patient has a current diagnosis of bilateral knee degenerative joint disease and L4-5 annular tear.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



## 1) Regarding the request for vascular surgery consultation :

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM, Occupational Medical Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 7, Page 127, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13, pages 343-345, which is part of MTUS. The Expert Reviewer also based his/her decision on Chapter 6, independent medical examinations and consultations, page 163, which is not part of MTUS.

### Rationale for the Decision:

MTUS/ACOEM Guidelines do recommend surgical consultation for patients who have activity limitations for more than 1 month and have failed conservative care. The employee is being recommended for a vascular surgery consultation in preparation for a knee arthroplasty surgery. The employee has an absent pedal pulse. Therefore, a vascular surgeon consultation would be appropriate prior to surgery. ACOEM (2<sup>nd</sup> Edition), and Official Disability Guidelines do not specifically address vascular surgery consultations. However, the current version of ACOEM states that, "A consultation is intended to aid in assisting the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work." The employee would benefit from the vascular surgery consultation to assess diagnosis of absent pedal pulse, give the prognosis of the employee and potential surgical implications, assist in therapeutic management if needed, determine the medical stability of the employee in preparation for surgery, and assess for any permanent residual loss. **The request for vascular surgery consultation is medically necessary and appropriate.**

## 2) Regarding the request for arterial doppler study :

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee Chapter, which is not part of MTUS.

The Expert Reviewer found that no part of MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee Chapter, Venous thrombosis.

### Rationale for the Decision:

MTUS/ACOEM Guidelines do not specifically address arterial Doppler studies. Official Disability Guidelines state that Doppler studies can be used to assess for venous thrombosis. The exact cause of the employee's poor/absent pedal pulse has not been established. The concurrent request for a vascular surgeon

consultation has been authorized. Therefore, an arterial Doppler study would be medically necessary in conjunction with the evaluation to determine potential cause for the employee's poor pulse. **The request for arterial Doppler study is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.